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|                                                                                                                                 |  |                                                                                                                                                                                                                               |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------|---------------------------------------------------|------------------|----------------------------------|-----------------------|---------------------------------------|------------------------|-------|-----------------------|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                               |  |                                                                                                                                                                                                                               |            |                                             | Application or Docket Number<br><b>10/725,699</b> |                  | Filing Date<br><b>12/01/2003</b> |                       | <input type="checkbox"/> To be Mailed |                        |       |                       |  |
| <b>APPLICATION AS FILED – PART I</b>                                                                                            |  |                                                                                                                                                                                                                               |            |                                             | OTHER THAN<br>SMALL ENTITY                        |                  |                                  |                       |                                       |                        |       |                       |  |
| (Column 1)                                                                                                                      |  |                                                                                                                                                                                                                               | (Column 2) |                                             | SMALL ENTITY <input type="checkbox"/>             |                  | OR                               |                       |                                       | SMALL ENTITY           |       |                       |  |
| FOR                                                                                                                             |  | NUMBER FILED                                                                                                                                                                                                                  |            | NUMBER EXTRA                                |                                                   | RATE (\$)        |                                  | FEE (\$)              |                                       | RATE (\$)              |       |                       |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             |  | N/A                                                                                                                                                                                                                           |            | N/A                                         |                                                   | N/A              |                                  |                       |                                       | N/A                    |       |                       |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            |  | N/A                                                                                                                                                                                                                           |            | N/A                                         |                                                   | N/A              |                                  |                       |                                       | N/A                    |       |                       |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       |  | N/A                                                                                                                                                                                                                           |            | N/A                                         |                                                   | N/A              |                                  |                       |                                       | N/A                    |       |                       |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                |  | minus 20 =                                                                                                                                                                                                                    |            | *                                           |                                                   | X \$ =           |                                  |                       |                                       | X \$ =                 |       |                       |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |  | minus 3 =                                                                                                                                                                                                                     |            | *                                           |                                                   | X \$ =           |                                  |                       |                                       | X \$ =                 |       |                       |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |  | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |  |                                                                                                                                                                                                                               |            |                                             |                                                   |                  | TOTAL                            |                       |                                       |                        | TOTAL |                       |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |  |                                                                                                                                                                                                                               |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                         |  |                                                                                                                                                                                                                               |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |
| (Column 1)                                                                                                                      |  |                                                                                                                                                                                                                               | (Column 2) |                                             | (Column 3)                                        |                  | SMALL ENTITY                     |                       | OTHER THAN<br>SMALL ENTITY            |                        |       |                       |  |
| AMENDMENT<br><b>09/26/2008</b>                                                                                                  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                                   | PRESENT<br>EXTRA |                                  | RATE (\$)             |                                       | ADDITIONAL<br>FEE (\$) |       |                       |  |
|                                                                                                                                 |  | Total (37 CFR<br>1.16(i))                                                                                                                                                                                                     |            | * 4                                         |                                                   | Minus            |                                  | ** 20                 |                                       | = 0                    |       | OR                    |  |
|                                                                                                                                 |  | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                               |            | * 3                                         |                                                   | Minus            |                                  | ***5                  |                                       | = 0                    |       | X \$ 50=              |  |
|                                                                                                                                 |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       | 0                     |  |
|                                                                                                                                 |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |
|                                                                                                                                 |  |                                                                                                                                                                                                                               |            |                                             |                                                   |                  |                                  | TOTAL<br>ADD'L<br>FEE |                                       | OR                     |       | TOTAL<br>ADD'L<br>FEE |  |
| 0                                                                                                                               |  |                                                                                                                                                                                                                               |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |
| (Column 1)                                                                                                                      |  |                                                                                                                                                                                                                               | (Column 2) |                                             | (Column 3)                                        |                  |                                  |                       |                                       |                        |       |                       |  |
| AMENDMENT                                                                                                                       |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                     |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                                   | PRESENT<br>EXTRA |                                  | RATE (\$)             |                                       | ADDITIONAL<br>FEE (\$) |       |                       |  |
|                                                                                                                                 |  | Total (37 CFR<br>1.16(i))                                                                                                                                                                                                     |            | * *                                         |                                                   | Minus            |                                  | ** **                 |                                       | = =                    |       | OR                    |  |
|                                                                                                                                 |  | Independent<br>(37 CFR 1.16(h))                                                                                                                                                                                               |            | * *                                         |                                                   | Minus            |                                  | *** ***               |                                       | = =                    |       | X \$ =                |  |
|                                                                                                                                 |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |
|                                                                                                                                 |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |
|                                                                                                                                 |  |                                                                                                                                                                                                                               |            |                                             |                                                   |                  |                                  | TOTAL<br>ADD'L<br>FEE |                                       | OR                     |       | TOTAL<br>ADD'L<br>FEE |  |
| 0                                                                                                                               |  |                                                                                                                                                                                                                               |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |  |                                                                                                                                                                                                                               |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |  |                                                                                                                                                                                                                               |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |  |                                                                                                                                                                                                                               |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                                                                                                                                                                                                               |            |                                             |                                                   |                  |                                  |                       |                                       |                        |       |                       |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**Legal Instrument Examiner:  
/Theresa Dawkins/**